

KP039 - Free meals in school for all children up to 18

Present Situation

There are many published studies on the association between nutrition among school-aged children and their performance in school and on tests of cognitive functioning. Research indicates that school breakfast programmes improve attendance rates and ability to focus.

Studies have found that undernourished children lack many of the key vitamins and minerals that ensure cognitive and physical development.

Conversely despite this, obesity remains a major problem among British schoolchildren and there is a stark socio-economic gradient, with levels of obesity being highest in the most socially deprived children. In children aged 5, rates of obesity ranged from 6.8% in the least deprived to 12.3% in the most deprived. In an older age group (11-year-olds), obesity prevalence is 13.7% in the least deprived group and 24.3% in the most deprived. Almost 1 in 10 English children are obese when they start school (Reception class) and 2 in 10 are obese by age 11.

Healthy eating and being physically active are particularly important for children and adolescents. This is because their nutrition and lifestyle influence their wellbeing, growth and development.

There is a glimmer of hope that childhood obesity rates are plateauing and some improvements to nutrient intakes have been made in the past decade. But there remains considerable room for improvement in the diets of British schoolchildren, according to findings of the government's National Diet and Nutrition Survey (NDNS).

It is perhaps less well recognised that there is evidence of inadequate micronutrient intakes in some groups in the UK, especially teenagers. For example, many teenage girls (11-18 years) are consuming low amounts of iron (46% below the LRNI) and there is also evidence of low intakes of vitamin A (14% below the LRNI), riboflavin (21% below the LRNI), calcium (18% below the LRNI), magnesium (51% below the LRNI), potassium (31% below the LRNI), selenium (45% below the LRNI), iodine (21% below the LRNI) and zinc (19% below the LRNI). In contrast, micronutrient intakes in younger children are generally not of concern. [The LRNI, lower reference nutrient intake, is the amount judged to be sufficient for only 2.5% of the population].

Around 20% of 11 to 18 year-olds appear to have low blood vitamin D levels according to the NDNS. Low vitamin D intake and status is a particular problem in some ethnic minority groups, especially South Asian children.

There is some evidence of socio-economic inequalities; for example, children from families with lower incomes tend to have lower intakes of fruits and vegetables (2.9 portions a day) compared with children from families with higher incomes (3.9 portions per day).

These findings serve to emphasise the importance of highlighting good nutrition through the school curriculum and through the food and drink available in schools. School food provision has seen many changes over recent years, with school food standards now in place in all UK regions, most recently in Wales. Evaluations of the impact of school food standards, mainly in England, have shown improvements in the diets of schoolchildren since these were implemented, not only in the school setting but in their diets overall. However, there still remains room for improvement.

The recently published School Food Plan emphasises that a whole school approach is required to effectively and sustainably change eating habits of schoolchildren. In addition to school food standards, which ensure that healthy food is provided at schools, schoolchildren also need to be equipped with the knowledge and skills they need to select and prepare healthy food throughout life.

During 2013, a new school curriculum for England was published. From September 2014, food and nutrition education will be compulsory from the age of 5 to 14 years, to complement the work that has been done on improving food served at school. While aspects of nutrition will be included in science, the new compulsory aspects will include a focus on learning where food comes from and applied healthy eating and cooking through Design and Technology. In other parts of the UK, food, nutrition, and cooking have been long standing components of the school curriculum.

For more information on child nutrition see

<https://archive.nutrition.org.uk/nutritioninthenews/schoolchildren.feed>

What will Rise do?

We see excellent nutrition during our children's growing years as paramount to their welfare, both on a physical and mental level. As shown in the first section, poor nutrition has a negative outcome on a child's ability to learn. Even if it didn't, there is no excuse for us allowing children to suffer constant hunger pangs.

From a Rise point of view this should cover children to young adults (birth to 18 years of age) and should cover all meals.

If we run school canteens, with healthy food made on site or at least locally it will not be expensive to ensure excellent nutrition. As said in earlier in this document it improves performance and if we wish to invest in areas to improve our education system then nutrition should be one of our main priorities.

To achieve our aim we will have free school meals for all school children, including breakfast clubs, and after school clubs. Food will be healthy and will compliment education provided about nutrition.

Our Policies

[PS150 - Free school meals for all school children, including breakfast clubs, and after school clubs](#)

[PS131 - Ensure every school is open for a full five days a week from 7:30 - 18:00](#)

[KP039 - Free meals in school for all children up to 18](#) (our overriding key policy – applies to all children / young people in education).